TREATMENT PROTOCOL: EMERGENCY CHILDBIRTH (NEWBORN / NEONATAL RESUSCITATION) *

- Assist delivery, check for cord, If amniotic sac intact, pinch and twist membrane to rupture and remove fetus
- Basic airway, suction mouth then nostrils
- 3. Clamp and cut cord
- 4. Stimulate vigorously, drying newborn with towel
- 5. Wrap in thermal blanket or dry towel and keep infant as warm as possible throughout resuscitation
- 6. Oxygen, assist respirations with bag-valve-mask prn using "squeeze-release" technique
- 7. Reassess every 30sec the need for assisted ventilations or CPR intervention
- 8. Check pulse
- 9. CONTINUE SFTP or BASE CONTACT

9. CONTINUE SELF OF BASE CONTACT		
IF PULSE LESS THAN 100bpm	APNEIC OR PULSE GREATER THAN 60bpm and LESS THAN 100bpm	PULSE LESS THAN 60bpm
 If poor respiratory rate or effort or persistent central cyanosis, perform bag-valve-mask ventilations using "squeeze-release-release" technique for 30sec Recheck pulses every 30sec to assess the need for assisted ventilations or CPR intervention If pulse remains less than 100bpm: ESTABLISH BASE CONTACT (ALL) 	 9. Perform bag-valve-mask ventilations using "squeeze-release-release" technique for 30sec 10. Recheck pulse If pulse remains less than 100bpm: 11. ESTABLISH BASE CONTACT (ALL) 	 Perform bag-valve-mask ventilations using "squeeze-release-release" technique for 30sec Recheck pulse If pulse remains below 60bpm: Chest compressions at 120/min, maintain a 3:1 compression to ventilation ratio Once pulse is greater than 60bpm, chest compressions should be discontinued, continue bag-valve-mask ventilations Recheck pulse If pulse remains less than 100bpm: ESTABLISH BASE CONTACT (ALL) Venous access, at no time should venous access take precedence over emergency transport If pulse remains below 60bpm: Epinephrine 0.01mg/kg (1:10,000) IV push, may repeat every 3-5min Reassess and continue resuscitation measures as indicated